

Work Schedule Form

Employee Name:					Pers. No.			
Office/Division/Bureau:								
Job Title:					Effective Date:			
I am requesting the following work schedule (choose one) :								
Option 1: Five 8-Hr Days <input type="checkbox"/>		Option 2: Four 10-Hr Days <input type="checkbox"/>		Option 3: Four 9-Hr Days + one 4-Hr Day <input type="checkbox"/>		Option 4: Other (Please describe) <input type="checkbox"/>		
Week 1 of pay period	Monday <i>am-pm</i>	Tuesday <i>am-pm</i>	Wednesday <i>am-pm</i>	Thursday <i>am-pm</i>	Friday <i>am-pm</i>	Saturday <i>am-pm</i>	Sunday <i>am-pm</i>	
Week 2 of pay period	Monday <i>am-pm</i>	Tuesday <i>am-pm</i>	Wednesday <i>am-pm</i>	Thursday <i>am-pm</i>	Friday <i>am-pm</i>	Saturday <i>am-pm</i>	Sunday <i>am-pm</i>	
<i>The Fair Labor Standards Act (FLSA) requires Non-Exempt employees have a work schedule of 40 hours in a 7 day work week (Monday thru Sunday).</i>								
<p>The following applies to employees participating in <i>Option 2</i>:</p> <ul style="list-style-type: none"> For a holiday work week, the employee will observe the day preceding or following the holiday as determined by the Appointing Authority when the holiday falls on their day off. <p>The following applies to employees participating in <i>Option 3</i>:</p> <ul style="list-style-type: none"> When the holiday falls on their four (4)-hour work day, they will only be granted 4 hours of holiday leave on that day. <p>In the event of an office closure, special leave will be granted in accordance with Civil Service rules if the office closure occurs on a scheduled work day.</p>								
Employee Signature						Date		
<input type="checkbox"/>	Approved							
<input type="checkbox"/>	Disapproved							
			Appointing Authority/Designee Signature			Date		
For H. R. use only:								
Date entered in ISIS:					Entered By:			

****Timekeepers must keep a copy of this form in their records****